

3. Intermediate Care Facilities for the Mentally Retarded (ICF/MR);
4. DDD Nursing Facilities; and
5. Services provided by counties that are funded by DDD.

State laws (RCWs) and rules (WACs) governing adult family homes, boarding homes and nursing homes take precedence over this policy. Certain physical interventions, permitted under this policy with a behavior support plan, are prohibited in boarding homes and adult family homes. Administrators of such facilities should refer to Chapters 18.20 and 70.129 RCW.

DEFINITIONS

Physical intervention means the use of a manual technique intended to interrupt or stop a behavior from occurring. Physical intervention includes using physical restraint to release or escape from a dangerous or potentially dangerous situation.

Physical restraint means physically holding or restraining all or part of a person's body in a way that restricts the person's free movement. Personal restraint does not include briefly holding, without undue force, a person in order to calm him/her, or holding a person's hand to safely escort the person from one area to another.

POLICY

- A. Physical interventions must be used only as provided for in this policy and as described in DDD Policy 5.15, *Use of Restrictive Procedures*.
- B. Physical interventions must be used only when positive or less restrictive techniques or procedures have been tried and are determined to be insufficient to protect the person, others, or damage to the property of others.
- C. Physical interventions may only be used for the purpose of protection and may not be used for the purpose of changing behavior in situations where no need for protection is present.
- D. Only the least restrictive intervention needed to adequately protect the person, others, or property must be used, and must be terminated as soon as the need for protection is over.
- E. Restrictive physical interventions may only be used as part of an approved behavior support plan (BSP), except in the case of an emergency or unknown, unpredicted response from a person where the person's safety and/or that of others is jeopardized.

Refer to DDD Policy 5.14, *Positive Behavior Support*, for additional information regarding BSP requirements.

F. Prohibited Physical Interventions

1. **Physical interventions that involve any of the following elements are prohibited:**

- a. Pain and pressure points (whether for brief or extended periods);
- b. Obstruction of airway and/or excessive pressure on chest, lungs, sternum, and diaphragm;
- c. Hyperextension (pushing or pulling limbs, joints, fingers, thumbs or neck beyond normal limits in any direction) or putting the person in significant risk of hyperextension;
- d. Joint or skin torsion (twisting/turning in opposite directions);
- e. Direct physical contact covering the face;
- f. Straddling or sitting on the torso;
- g. Excessive force (beyond resisting with like force); and
- h. Any maneuver that involves punching, hitting, poking or shoving the person.

2. **The following specific techniques are prohibited:**

- a. Arm or other joint locks (e.g., holding one or both arms behind back and applying pressure, pulling or lifting);
- b. Sleeper hold or any maneuver that puts weight or pressure on any artery, or otherwise obstructs or restricts circulation;
- c. Wrestling holds, body throws or other martial arts techniques;
- d. Prone restraint (person lying on stomach);
- e. Supine restraint (person lying on back);

- f. Head hold where the head is used as a lever to control movement of other body parts;
- g. Any maneuver that forces the person to the floor on his/her knees or hands and knees;
- h. Any technique that keeps the person off balance (such as shoving, tripping, pushing on the backs of the knees, pulling on the person's legs or arms, swinging or spinning the person around, etc.); and
- i. Any technique that restrains a person vertically face first against a wall or post.

G. Physical Restraints Permitted Only With A Behavior Support Plan (BSP)

The following physical interventions are considered restrictive restraint interventions and require a written BSP:

1. Hand, arm, and leg holds;
2. Standing holds;
3. Physically holding and moving a person who may be resisting;
4. Head holds (Note: physical control of the head is permitted only to interrupt biting or self-injury such as head banging);
5. Person seated on furniture and physically restrained by two persons sitting on either side; and
6. Person sitting on floor and being physically restrained by one or more persons.

H. Physical Interventions Permitted Without A Behavior Support Plan (BSP)

The following nonrestrictive physical interventions are permitted. Note: these interventions may be used in boarding homes and adult family homes.

1. **Avoiding** - eluding/escaping physical contact through the use of slides, stance, and arm/hand maneuvers without holding on to the person's body;
2. **Deflecting** - using physical contact such as step and guide maneuvers;

3. **Blocking** - obstructing or hindering using physical contact;
4. **Releasing** - escaping a physical hold. This may involve briefly holding on to the person to release oneself and/or another person;
5. **Physical escort that is not resisted by the person** – briefly holding, without undue force, a person in order to calm him/her, or holding a person’s hand to safely escort the person from one area to another; and
6. **Supporting Ambulation** - physically holding a person to steady or support them while walking to keep them from falling or slipping. This may involve the use of gait belts, specially designed belts, vests or clothing. Note: the person doing the supporting follows the lead of the person being supported. The person must be released when he/she no longer needs physical support.

I. Use of Physical Interventions During Medical and Dental Treatment

The use of permitted physical interventions during medical and dental treatment is allowable if under the direction of a physician or dentist, consistent with standard medical/dental practices, and necessary to complete a medical or dental procedure. Efforts must be made to familiarize the person with the medical/dental procedure so that the least restrictive physical intervention is needed.

J. Emergency Use of Physical Interventions

1. "Emergency" means an extreme hazard or an unanticipated, unpredicted action by a person which puts the person or others at risk and jeopardizes the health and safety of the person or others (e.g., when a person is standing or sitting in the street or when a person is at immediate risk of danger from a fire).
2. In an emergency, physical interventions that are normally permitted only with an approved BSP may be used for protective purposes.
3. In certain extreme emergency situations where a person or others cannot be kept safe from real harm except by interventions that are otherwise prohibited by this policy, it is permissible to use such interventions if reasonably necessary to protect the person or others. The least restrictive intervention must be used and must be terminated as soon as the need for protection is over.
4. An incident report must be submitted to the DDD case resource manager or the RHC superintendent or designee for each incident involving emergency use of

restrictive physical interventions, in accordance with procedures for reporting incidents.

5. If the same restrictive physical intervention is used on an emergency basis more than three (3) times within a six (6) month period, a functional assessment must be conducted, which may result in development of a BSP.

PROCEDURES

A. Documentation and Approval of Restrictive Physical Interventions

1. Prior to implementing restrictive physical interventions, the facility or agency must provide documentation on the proposed intervention and approval for its use, according to the requirements set forth in DDD Policy 5.15, *Use of Restrictive Procedures*.
2. The person and his/her legal representative must be involved in discussions regarding the perceived need for physical intervention. The level of notification parents and/or legal representatives desire when physical interventions are used should also be determined at this time.

B. Implementation of Physical Interventions

1. All staff using physical interventions must have prior training in the use of such techniques according to the facility or agency's policy and procedures. With all training on the use of physical interventions, staff must also receive training in crisis prevention techniques and positive behavior support.
2. A trained person must be present whenever possible to supervise and observe during use of restrictive physical interventions. Designated staff must receive training in observation and supervision of physical restraints (e.g., signs of duress, fatigue).
3. Each facility or agency must make provisions for a post-analysis (i.e., what could have been done differently) whenever restrictive physical interventions are implemented in emergencies, or when the frequency of use of the intervention is increasing. The person, staff and supervisor involved, and other team members must participate, as appropriate.

C. Monitoring Restrictive Physical Interventions

Procedural requirements for monitoring restrictive physical interventions are described in DDD Policy 5.15, *Use of Restrictive Procedures*, including:

1. Documenting the use of interventions;
2. Incident reporting; and
3. Data monitoring and review.

COMPONENTS OF A PHYSICAL INTERVENTION TECHNIQUES SYSTEM

This section describes the necessary components of a physical intervention techniques system used by a facility or agency.

A. Physical intervention systems used by facilities and agencies must include, at a minimum, the following training components:

1. Discussion of the need for positive behavior support;
2. Communication techniques that help a person calm down and resolve problems in a constructive manner;
3. Techniques to prevent or avoid escalation of behavior prior to physical contact;
4. Techniques for staff to use in response to their own feelings or expressions of fear, anger, aggression, etc.;
5. Techniques for staff to use in response to the person's feelings of anger or aggression, etc.;
6. Cautions that physical intervention techniques may not be modified except as necessary in consideration of individual disabilities, medical, health, and safety issues. An appropriate medical/health professional and the facility or agency certified trainer must approve all modifications;
7. Evaluation of the safety of the physical environment at the time of the intervention;
8. Issues of respect and dignity of the person;

9. Use of the least restrictive physical interventions depending upon the situation;
 10. Clear presentation and identification of approved and prohibited physical intervention techniques;
 11. Discussion of the need to release persons from physical restraint as soon as possible;
 12. Instruction on how to support physical interventions as an observer, recognizing signs of distress by the person and fatigue by the staff; and
 13. Discussion of the importance of complete and accurate documentation.
- C. Staff receiving physical intervention techniques training must complete the course of instruction and demonstrate competency before being authorized to use the techniques with clients.
- D. Review of de-escalation techniques and physical intervention techniques by staff must occur annually.

EXCEPTIONS

Any exceptions to this policy must be reviewed and approved in writing by the DDD Regional Administrator within fifteen (15) calendar days after receipt of the request and required documentation. All ETP requests must be submitted using DSHS Form 02-556, *Request for Exception to Policy for Use of Restrictive Procedures*. No exceptions for the use of prohibited physical interventions as described in this policy shall be granted.

SUPERSESSION

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Approved: /s/ Linda Rolfe
Director, Division of Developmental Disabilities

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